



# ALABAMA ATHLETIC COMMISSION

2777 Zelda Road. • Montgomery, Alabama 36106

Phone: (334) 420-7231

Fax: (334) 263-6115

OFFICIAL USE  
by  
Alabama Athletic  
Commission

Acknowledgement  
of  
Receipt

In this space, the applicant  
must attach a clean, full-face  
photo of head and shoulders  
taken within the past  
six (6) months.  
2"X2" SIZE PHOTO

## APPLICATION FOR LICENSURE

### AS A PROMOTER

**TYPE:**    ☐ **BOXING**        ☐ **KICKBOXING**  
             ☐ **MMA**            ☐ **TOUGHMAN**  
             ☐ **WRESTLING**

(Select only **ONE TYPE** above)

\*A separate application and fee is required for each additional **TYPE**.

Commission's Official Use Only:

AAC License # \_\_\_\_\_ P

#### **\*RESTRICTIONS MAY APPLY IF CURRENTLY LICENSED AS AN OFFICIAL:**

**NO APPLICATIONS TO SERVE AS AN OFFICIAL WILL BE ACCEPTED FOR ANYONE CURRENTLY LICENSED BY THIS COMMISSION TO SERVE OR HAS SERVED WITHIN THE LAST FIVE (5) YEARS AS A PROMOTER, MATCHMAKER, TRAINER, MANAGER, SECOND OR COMPETITOR.**

**I hereby make application** for licensure in the State of Alabama to serve as a **PROMOTER** under the jurisdiction of the Alabama Athletic Commission:

**1. Full Name** \_\_\_\_\_  
(Legal Name of Owner, Co-Owner or Individual Contact for Promotion – Public Record)

**Doing Business As (DBA)** \_\_\_\_\_ **Incorporated:** \_\_\_\_\_  
(Legal Name of Promotion - Public Record) (Indicate: LLC, Partnership, Sole-Owned)

**\*NOTE:** IF YOUR PROMOTION HAS MULTIPLE POINTS OF CONTACT, YOU MUST ATTACH A LIST WITH ALL INDIVIDUALS' LEGAL NAMES, ADDRESSES, PHONE NUMBERS AND EMAIL ADDRESSES.

**2. Address of Record** \_\_\_\_\_ **Telephone (\_\_\_\_)** \_\_\_\_\_  
(The Above Address IS Public Record) Street City State, Zip (Circle One: Office/Home/Cell Phone)

**3. Mailing Address** \_\_\_\_\_ **E-mail** \_\_\_\_\_  
(The Above Address IS NOT Public Record) Street/P.O. Box City State, Zip

**4. Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Place of Birth** \_\_\_\_\_ **Social Security No.** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

**5. Are you incorporated or otherwise legally recognized under the laws of its domicile?** ☐ **Yes** ☐ **No**

**6. Are you a United States citizen?** ☐ **Yes** ☐ **No**  
If **NO**, do you have documentation that you are here legally? ☐ **Yes** ☐ **No**  
**\*\*Please ATTACH documentation that proves your assertion**

**7. Have you ever held a Boxing, Kickboxing, MMA, Toughman or Wrestling related license in any other state?** ☐ **Yes** ☐ **No**  
**\*If YES, LIST the STATE, POSITION and TYPE of license:**  
(Ex: California-Matchmaker, Boxing)

**8. Have you ever been convicted of any State or Federal felony?** ☐ **Yes** ☐ **No**  
**\*If YES, ATTACH a detailed statement, including a summary of the charges, the final order, any probation or parole documentation and any other relevant information.**

**9. Have you ever had a Boxing, Kickboxing, MMA, Toughman or Wrestling related license or registration revoked, suspended, fined or otherwise sanctioned for a violation?** ☐ **Yes** ☐ **No**  
**\*If YES, ATTACH a COPY of the charges and the final order.**

**10. Have you ever filed for bankruptcy in any state jurisdiction?** ☐ **Yes** ☐ **No**  
**\*If YES, ATTACH a COPY of the final bankruptcy order, and a current credit report from one of the three major credit reporting services.**

